U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From: 3. Name and address of person filing. 4. Name, file number, and address of labor organization. Name SERVICE EMPLOYEEC Int'L LOCAL 1189. Labor Organization File Number 573 846 P.O. Box, Bldg., Room No., if any P.O. Box, Building and Room Number, if any		
3. Name and address of person filing. 4. Name, file number, and address of labor organization. Name JEROME P BROWN Labor Organization File Number 573 844		
Name JEROME P BROWN Name SERVICE EMPLOYEES INT'L LOCAL 1199 Labor Organization File Number 573 846	9 NE	
Labor Organization File Number 573 844	9 NE	
P.O. Box, Bldg., Room No., if any		
Street 77 HUYSHOPE AVE Street 77 HUYSHOPE AVE		
City HARTFORD City HARTFORD		
State CT ZIP Code + 4 DC i OC State CT ZIP Code + 4 OG IC	2 G	
5. Position in labor organization. PRESIDENT		
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including toans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any). 7.a. Nature of Interest, Transaction, or Income.		
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
7.b. Amount.		
City		
State ZIP Code + 4		
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of ti	he	

Name of Person Filling Jerome P. Brown		File Number 0-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employee whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name N.E.H.C.E.U. PEnsion Fund	: -1 : -1 : a, Labor Organiza	No.
Trade Name, if any:	a. Labor Organiza	lion
P.O. Box, Bldg., Room No., if any 2 no FLOUR	c. Employer	
Street 77 HCLYSHOPE AVE		
State CT ZIP Code + 4 106106		
10. If 9.b. or 9.c. is checked give trust or employer's name. SEE ABOVE	11.a. Nature of such deali	ng.
Name		NIA
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	7.	
Street		
	11.b. Approximate dollar valu	ue of such dealing.
City	12.a. Nature of interest hel	
State ZIP Code + 4	TRUSTEE	MEETINGS
	12.b. Amount.	224.96
C. Received from any employer (other than an employer covered under	er parts A and B above)	
or from any labor relations consultant to an employer any payment of money	or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	-
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Ccde + 4		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	

Name of Person Filing Jesome P. Brown	File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active. (2) any part of which consists of buying from or selling or leasing directly or incidealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name W.E.H.C.E.U. PENSION FYNO Trade Name, if any: P.O. Box, Bldg., Room No., if any Z ^{ng} FLOOR Street 77 Huyshope Ave City Hartford State CT ZIP Code + 4 26106	9. Business deals with: a. Labor Organization . X b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. See Above Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	11.a. Nature of such dealing. 11.b. Approximate dollar value of such dealing.
City State ZIP Code + 4	12.a. Nature of interest held or income received. TRUSTEE EDUCATIONAL CONFERENCE
	12.b. Amount. 3/23,18
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any	14.a. Nature of payment.
Street City State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filling Terome & Brown	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name N.E.H.C.E.U. HEALTH AUS WELFARE FUND	()	
Trade Name, if any:	i a. Labor Organizat∗on [★] b. Trust	
P.O. Box, Bldg., Room No., if any Zno FLOOR	c. Employer	
Street 77 HUYSHOPE AVE		
City HARTFORD		
State CT ZIP Code + 4 '06106		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	N/A	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4	TRUSTEE MEETINGS	
	<u></u>	
	12.b. Amount. 478.0C	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above)	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	r parts A and B above)	
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	r parts A and B above) or other thing of value.	
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	r parts A and B above) or other thing of value.	
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	r parts A and B above) or other thing of value.	
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any:	r parts A and B above) or other thing of value.	
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	r parts A and B above) or other thing of value.	
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	r parts A and B above) or other thing of value.	

Name of Person Filling JEZONE P Brown	· · · · · · · · · · · · · · · · · · ·	File Number 0-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name WRIGHT INVESTOR SERVICES Trade Name, if any: P.O. Box, Bldg., Room No., if any Street P.O. Box 3651 City MILFORD State CT ZIP Code +4 06.460	9. Business deals with: a. Labor Organiza b. Trust c. Employer	at on
10. If 9.b. or 9.c. is checked give trust or employer's name. Name N.E.H.C.E.U. WELFARE FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any 2 NO FLOOR Street 77 HUYSHOPE AVE	11.a. Nature of such deal	IT MANAGEMENT
City HARTFORD State CT ZIP Code + 4 O6106	11.b. Approximate dollar val	ld or income received.
	12.b. Amount.	\$125.06
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	14.a. Nature of payment.	
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	t

Name of Person Filling Jerome P. Brown	File Number U-
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or including with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name MARCO CONSULTING GROUP Trade Name, if any: P.O. Box, Bldg., Room No., if any SUITE 900 Street 550 WEST WASHINGTON BLVD City CHICAGO State IL ZIP Code + 4 6061	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name NEHCEU PEUSION FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any Z**** FLOOR Street 7.7 HUYSHOPE AVE	11.a. Nature of such dealing. INVESTMENT WANAGEMENT
City HARTFORD State CT ZIP Code + 4. OG LOC	11.b. Approximate dollar value of such dealing. \$2,570 12.a. Nature of interest held or income received. 3 Rounds of Golf AT Conference
	12.b. Amount. 250.45
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name:	14.a. Nature of payment.
P.O. Box, Bldg., Room No., if any	
Street	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing	File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing to, or other or selling or leasing to the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing the consists of buying from or selling or leasing the consists of buying from or selling or leasing the consists of buying from or selling or leasing the consists of buying from or selling or leasing the consists of buying from or selling or leasing the consists of buying from or selling or leasing the consists of buying from or selling or leasing the consists of buying from or selling or leasing the consists of buying from or selling or leasing the consists of buying from or selling or leasing the consists of buying from or selling or leasing the consists of buying from or selling or leasing the consists of buying from or selling or leasing the consists of buying from or selling or leasing the	wise dealing with the business vely seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State: ZIP Ccde + 4	11.a. Nature of such dealing. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.
	12.b. Amount.
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (inclucing trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing	File Number U-
B. Held an interest in or derived income or economic benefit with monetary vas ubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or included ing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name	a. Labor Organization
Trade Name, if any:	b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Ccde + 4	
	:
	12.b. Amount.
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) vor other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City '	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.